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Form 8

FORM 8. Entry of Appearance

E-mail address:

cc:

see Certificate of Service

Case: 16-1352

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT Torrent Pharmaceutical Limited, Apotex Inc., Novartis AG, Mitsubishi Tanabe Pharma Corp. Mylan Pharmaceuticals Inc. No. 16-1352 ENTRY OF APPEARANCE (INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.) Please enter my appearance (select one): $\square$ As counsel for: □ Pro Se Novartis AG Name of party I am, or the party I represent is (select one): ☐ Petitioner ☐ Respondent ☐ Amicus curiae ☐ Cross Appellant ☐ Appellee ☐ Intervenor As amicus curiae or intervenor, this party supports (select one): ☐ Petitioner or appellant Respondent or appellee Name: Robert Trenchard Law Firm: Gibson, Dunn & Crutcher LLP Address: 200 Park Avenue City, State and Zip: New York, NY 10166-0193 Telephone: 212-351-3942 Fax #: 212-351-5242

Statement to be completed by counsel only (select one):

Statement to be completed by co	Junsel only (select one):
	ey for this party in this case and will accept all service for the all other counsel in this case of the matters served upon me.
☐ I am replacing	as the principal attorney who will/will not remain on
the case. [Government at	torneys only.]
oxtimes I am not the principal att	corney for this party in this case.
Date admitted to Federal Circu	it bar (counsel only): 12/09/2015
This is my first appearance before	ore the United States Court of Appeals for the Federal Circuit
(counsel only):	
⊠ Yes □ No	
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	e handicapped is required if oral argument is scheduled.
Date 01/04/2016	Signature of pro se or counsel/s/ Robert Trenchard

rtrenchard@gibsondunn.com

FORM 30. Certificate of Service

## UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

Form 30

## **CERTIFICATE OF SERVICE**

I certify that I served a cop by:	y on counsel of recor	rd on January 4, 2016	
☐ U.S. Mail			
☐ Fax			
☐ Hand			
⊠ Electronic Means (by E-mail or CM/ECF)			
Robert W. Trenchard		/s/ Robert Trenchard	
Name of Counse	1	Signature of Counsel	
Law Firm	Gibson, Dunn, & Crutcher LLP		
Address	200 Park Avenue		
City, State, Zip	New York, NY 10166-0193		
Telephone Number	212-351-3942		
Fax Number	212-351-5242		
E-Mail Address	rtrenchard@gibsondunn.com		

NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.

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